



# TRACKING WORK-RELATED INJURIES, ILLNESSES, AND HAZARDS

## WHAT IS THE PUBLIC HEALTH PROBLEM?

- Every day, an average of 9,000 workers sustain disabling injuries, 16 die from work-related injuries, and 137 people die from work-related illnesses.
- Ongoing surveillance activities in occupational safety and health form the foundation for prevention activities needed to reduce the incidence of work-related injuries and illnesses.

## WHAT HAS NIOSH ACCOMPLISHED?

The National Institute for Occupational Safety and Health (NIOSH) plays a key role in tracking occupational hazards, diseases, and injuries. NIOSH supports scientists and public health agencies across the country to conduct research and develop state-based occupational disease and injury surveillance programs. In addition, NIOSH maintains national databases of occupational injuries and fatalities. With broad stakeholder involvement, NIOSH has developed a strategic plan to address surveillance needs for the 21<sup>st</sup> century.

### *Examples of program in action:*

- NIOSH provided support to New York City following the World Trade Center (WTC) attacks to track injuries to emergency response workers. Noting high numbers of eye injuries, NIOSH quickly developed and distributed recommendations for prevention ([www.cdc.gov/niosh/eyesafe.html](http://www.cdc.gov/niosh/eyesafe.html)). Continued efforts include characterizing injuries and illnesses sustained by emergency response and recovery workers at the WTC disaster site. This information will be helpful in disaster preparedness efforts to ensure that emergency response and recovery workers have equipment and training to protect their health and safety.
- NIOSH's Adult Blood Lead Epidemiology Surveillance (ABLES) program ([www.cdc.gov/niosh/ables.html](http://www.cdc.gov/niosh/ables.html)) is an ongoing effort to identify and track blood lead levels among U.S. adults. In 2002, an ABLES report was published that shows a decline in the rate of adults with blood lead levels >25mcg/dl from a mean of 15.2 adults per 100,000 employed in 1994-1997 to a mean of 13.4 adults per 100,000 employed in 1998-2001 ([www.cdc.gov/mmwr/PDF/SS/SS5111.pdf](http://www.cdc.gov/mmwr/PDF/SS/SS5111.pdf)).
- NIOSH supported a targeted effort in Massachusetts that identified a unique and previously unidentified problem of young workers being burned in retail bakeries by hot coffee when removing brew baskets from coffee machines. Based on these data, a large franchised bakery chain started using safer coffee machines.
- With NIOSH support, the California Department of Health Services (CDHS) worked with community organizations to collect occupational injury and illness data from immigrant workers. Identifying a high incidence of carpal tunnel syndrome (CTS) among immigrant women working for garment manufacturers, CDHS worked with employers to identify cost-effective changes for work stations to reduce CTS. This work provided insights into the undercounting of immigrants in surveillance systems and identified cost-effective prevention measures that could be adopted elsewhere.

## WHAT ARE THE NEXT STEPS?

NIOSH has made strides in implementing its strategic surveillance plan ([www.cdc.gov/niosh/2001-118.html](http://www.cdc.gov/niosh/2001-118.html)), including taking steps to make occupational safety and health data more accessible and user friendly. The plan will continue to guide future surveillance activities.

For additional information on this and other NIOSH programs, visit [www.cdc.gov/niosh](http://www.cdc.gov/niosh).

March 2003

